ANNUAL REPORT OF SURPLUS LINES BUSINESS

Annual Report Summary of Surplus Lines Business Transacted under <u>Neb.Rev.Stat.</u> §44-5501 through §44-5514 For the year ending December 31,

FILING TY	TPE (check one):	Corporation	Individual	Purchasing Group	р		
NAME OF	SURPLUS LINES I	LICENSEE					
AGENT OF	R CORPORATION 1	LICENCE #					
NAME OF	AGENCY OR PUR	CHASING GROUP					
BUSINESS	ADDRESS				_	_	
		Street		City	City State Zip Code		
CONTACT PERSON		TELEPHONE		E-MAIL ADDRESS			
		PREMIUMS WRITTEN	RETURN	RETURN PREMIUMS		TAX	
1 st Quarter							
2 nd Quarter	•						
3 rd Quarter	•						
4 th Quarter							
TOTAL							
	T						
NAIC#	IAIC # NAME OF INSURANCE COMPANY (one li		e per company	TOTAL PREMIUMS LESS PREMIUMS		TAX	
		(
		TOTALS					